UNITED STATES DISTRICT COURT

for the

Western District of Washington

| STATES OF WASHINGTON, MINNESOTA, OREGON, PHYSICIAN 1, PHYSICIAN 2, and PHYSICIAN 3 |))) | | | | |
|--|------------------------------------|--|--|--|--|
| Plaintiff(s) |) | | | | |
| v. | Civil Action No. | | | | |
| DONALD J. TRUMP, in his official capacity as President of the United States, et al. |))) | | | | |
| Defendant(s) |) | | | | |
| SUMMONS IN A CIVIL ACTION | | | | | |
| To: (Defendant's name and address) U.S. Department of Agriculture 1400 Independence Ave., S.W. Washington, DC 20250 | | | | | |
| A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Assistant Attorney General William McGinty 800 Fifth Avenue, Suite 2000 Seattle, WA 98104-3188 (360) 709-6470 william.mcginty@atg.wa.gov | | | | | |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court. | | | | | |
| | CLERK OF COURT | | | | |
| Date: | | | | | |
| | Signature of Clerk or Deputy Clerk | | | | |

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| | | ne of individual and title, if any) | | | | |
|--------|--|---------------------------------------|---------------------------------|------|--|--|
| was re | ceived by me on (date) | · · · · · · · · · · · · · · · · · · · | | | | |
| | ☐ I personally served the summons on the individual at (place) | | | | | |
| | | | on (date) | ; or | | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | |
| | , a person of suitable age and discretion who resides there, | | | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | | |
| | \square I served the summons on (name of individual), who | | | | | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | on (date) | ; or | | |
| | ☐ I returned the sumn | nons unexecuted because | | ; or | | |
| | ☐ Other (specify): | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | | |
| | I declare under penalty of perjury that this information is true. | | | | | |
| Date: | | | | | | |
| Date. | | | Server's signature | | | |
| | | | Printed name and title | | | |
| | | | Server's address | | | |

Additional information regarding attempted service, etc: